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4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____Last Name **FENG** First Name **CHUN** Middle Initial _____Business Name **CHUN FENG, ARCHITECT** Business Phone **201-638-5851** Business Fax **201-934-8260**Business Address **17 RONALD CT.** Mobile Phone **201-638-5851**City **RAMSEY** State **NJ** Zip **07446** E-Mail **feng3000@verizon.net****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **Bosch** First Name **Frances** Middle Initial _____

Business Name _____ Business Phone _____ Business Fax _____

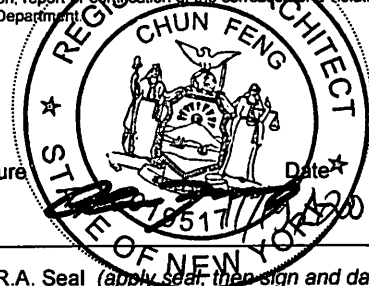
Business Address _____ Mobile Phone **347-435-5537**City **Staten Island** State **NY** Zip **10305** E-Mail _____**6 Design Applicant's Statements and Signatures**

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

CHUN FENG

Signature



P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Frances Bosch

Signature

Date

10/4/2013

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

27th day of **Oct** **2014**

Notary Public Signature

Notary Seal

JULY V. HALIM
NOTARY PUBLIC OF NEW JERSEY
ID # 2442147
My Commission Expires 1/8/2019

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		